

JFW/1724



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/554,803
		Filing Date	10/28/05
		First Named Inventor	Bonazza
		Art Unit	Not available
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	SEVR266STWP

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to (TC)
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	D'Ambrosio & Associates, PLLC		
Signature			
Printed name	Jo Katherine D'Ambrosio		
Date	June 21, 2006	Reg. No.	35671

**CERTIFICATE OF TRANSMISSION/MAILING**

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PTO/SB/122 (06-03)  
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Application Number	10/554,803
Filing Date	10/28/2005
First Named Inventor	Bonazza
Art Unit	Not available
Examiner Name	
Attorney Docket Number	SEVR266STWP

Please change the Correspondence Address for the above-identified patent application to:

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**OR**

<input type="checkbox"/> Firm or Individual Name	D'Ambrosio & Associates, P.L.L.C.				
Address	10260 Westheimer Road, Suite 465				
Address					
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Telephone	713-975-0800	Fax	713-975-0995		

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- Applicant/Inventor
- Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record. Registration number 35671
- Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name	Jo Katherine D'Ambrosio	
Signature		
Date	June 8, 2006	Telephone 713-975-0800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

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